

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90219 025 ****70.00

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DOCUMENT # N09505

1. Corporation Name

PICK USERS OF FLORIDA, INC.

Principal Place of Business
**3803 LITTLE AVE.
COCONUT GROVE FL 33133**

Mailing Address
**3803 LITTLE AVE.
COCONUT GROVE FL 33133**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/29/1985	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0096993	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
MORRIS, JOAN H. 3803 LITTLE AVE. COCONUT GROVE FL 33133				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHANSEN, LARRY	1.2 NAME	
STREET ADDRESS	3570 CONSUMER ST. UNIT 7	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33404	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOTEN, PAT	2.2 NAME	
STREET ADDRESS	5255 NW 159TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33014	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLDSWORTH, DONNA	3.2 NAME	
STREET ADDRESS	3380 SW 11TH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33315	3.4 CITY-ST-ZIP	
TITLE	ED <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWERS, JOHN W	4.2 NAME	
STREET ADDRESS	3803 LITTLE AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL 33133	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECALL, LEE	5.2 NAME	
STREET ADDRESS	1640 RIVERLAND RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33312	5.4 CITY-ST-ZIP	
TITLE	EAD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, JOAN H	6.2 NAME	
STREET ADDRESS	3803 LITTLE AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL 33133	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/6/99 305/448-5106

CR2E037 (1/98)